

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008730

State File No.

FILED APR 8 1959

BIRTH NO. REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1508

1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4131 Chelsea N.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>4131 Chelsea N.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>ANN</u> c. (Last) <u>JAMISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 18, 1875</u>
9. AGE (in years last birthday) <u>83</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS.: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>New Santa Fe, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James E. Davis, Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Wells</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Jamison, deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arnold D. Jamison, 4131 Chelsea KC Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible Coronary Occlusion (acute)</u> DUE TO (c) <u>Advanced Arterio Sclerosis - Dissecting</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4-01</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) <u>Mar 22 1959</u>	21e. INJURY OCCURRED a. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:15 a.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. D. Tate M.D. Coroner</u>		23b. ADDRESS <u>Mt. St. Kansas City Mo</u>	23c. DATE SIGNED <u>3/23/59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/22/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stanley, Johnson, Kansas</u>
DATE REC'D BY LOCAL REG. <u>3-23-59</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Julien Funeral Home, Olathe, Kansas</u>		ADDRESS <u>Chester L. Fleming, #1188 Director</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
O. S. Tate

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chester L. Flaming*
Chester L. Flaming
Licensed Embalmer No..4569

P. O. Address...Olathe, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.